

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005172

Entity Name: MEDIMEDIA, LLC

FILED  
Aug 10, 2011  
Secretary of State

**Current Principal Place of Business:**

26 MAIN STREET, 1ST FLOOR  
CHATHAM, NJ 07928

**New Principal Place of Business:**

350 STARKE ROAD  
SUITE 100  
CARLSTADT, NJ 07072

**Current Mailing Address:**

26 MAIN STREET, 1ST FLOOR  
CHATHAM, NJ 07928

**New Mailing Address:**

350 STARKE ROAD  
SUITE 100  
CARLSTADT, NJ 07072

FEI Number: 26-0041070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: SIMCOX, STEVEN P  
Address: 350 STARKE ROAD  
City-St-Zip: CARLSTADT, NJ 07072

Title: P  
Name: LANGAN, TOM  
Address: 350 STARKE ROAD  
City-St-Zip: CARLSTADT, NJ 07072

Title: CFO  
Name: BURNETT, MICHAEL P  
Address: 350 STARKE ROAD  
City-St-Zip: CARLSTADT, NJ 07072

Title: VCNT  
Name: BERGMAN, RICHARD  
Address: 350 STARKE ROAD  
City-St-Zip: CARLSTADT, NJ 07072

Title: V  
Name: METTILLE, DAVID J  
Address: 350 STARKE ROAD  
City-St-Zip: CARLSTADT, NJ 07072

Title: VP  
Name: MURPHY, TIM  
Address: 780 TOWNSHIP LINE ROAD  
City-St-Zip: YARDLEY, PA 19067

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIM MURPHY

VP

08/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date